

Aug 02 04 05:53P

## William Gottschalk

810-558-3872

P. 1

Fee only

67-023-018

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AUG 02 2004

Applicant: Silvis et al.

Serial No.: 19722,674

Filed: 11/25/03

Group Art Unit: 2856

Examiner: R. Raevs

**PARTICULATE SAMPLING PROBE AND DILUTION TUNNEL**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**OFFICIAL**

## **AMENDMENT**

Dear Sir:

This is in response to the Office Action mailed March 31, 2004. Please amend the application as follows:

12/2004 09:07:21 AM (Eastern Daylight Time) \* DURATION (mm:ss):04:10  
PC125P PAGE 1/11 310.00 00

03/15/2024 AFORD1 02238889 501422 10722674

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PATENT APPLICATION FEE DETERMINATION RECORD  
Effective October 1, 2003

Application or Docket Number

10-722674

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

TOTAL CLAIMS	16	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	16 minus 20 =	* 0
INDEPENDENT CLAIMS	3 minus 3 =	* 0
MULTIPLE DEPENDENT CLAIM PRESENT	<input type="checkbox"/>	

SMALL ENTITY  
TYPE  OR OTHER THAN  
SMALL ENTITY

RATE	FEES	RATE	FEES
BASIC FEE	385.00	OR BASIC FEE	770.00
X\$ 9=		OR X\$18=	—
X43=		OR X86=	—
+145=		OR +290=	—
TOTAL		OR TOTAL	770

\* If the difference in column 1 is less than zero, enter "0" in column 2

8-2-04 CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
		Total	Minus	** 20	= —
	Independent	* 3	Minus	*** 3	= —
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					<input type="checkbox"/>

SMALL ENTITY OR OTHER THAN  
SMALL ENTITY

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 9=		OR X\$18=	
X43=		OR X86=	
+145=		OR +290=	
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	

AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
		Total	Minus	**	=
	Independent	* Minus	***		=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					<input type="checkbox"/>

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 9=		OR X\$18=	
X43=		OR X86=	
+145=		OR +290=	
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	

AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
		Total	Minus	**	=
	Independent	* Minus	***		=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					<input type="checkbox"/>

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 9=		OR X\$18=	
X43=		OR X86=	
+145=		OR +290=	
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	

- \* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
- \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
- \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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